United Nations E/C.12/CAF/1

Economic and Social Council

Distr.: General
5 September 2017
English
Original: French
English, French and Spanish only

Committee on Economic, Social and Cultural Rights

Consideration of reports submitted by States parties under articles 16 and 17 of the International Covenant on Economic, Social and Cultural Rights

Initial reports of States parties due in 1990

Central African Republic*

[Date received: 11 August 2017]

* The present document is being issued without formal editing.

GE.17-14938 (E) 201217 221217

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Introduction

1. This initial report of the Central African Republic was prepared under article 16 (1) of the International Covenant on Economic, Social and Cultural Rights of 16 December 1966, in force since 3 January 1976, which provides that States parties undertake to submit reports on the measures that they have adopted and the progress made in achieving the observance of the rights recognized in the Covenant.

2. The Central African Republic became a State party in May 1981 under Order No. 80.37 of 3 April 1980 authorizing the ratification of the Covenant. The Covenant stipulates that initial reports should be submitted within two years of its ratification. Regrettably, the report was significantly delayed for numerous reasons.

3. To compensate for this delay, the Government of the Central African Republic hereby submits an initial and combined report.

4. The structure of the report is as follows:

- Overview of the Central African Republic
- Commitment of the Central African Republic to human rights
- Measures taken by the Central African Republic to implement the Covenant
- Challenges and constraints encountered in implementing the Covenant
- Contribution of partners to the realization of economic, social and cultural rights in the context of international assistance and cooperation
- Conclusion
- Annexes

I. Overview

5. The Central African Republic, formerly Ubangi-Shari, is a landlocked country in the heart of Africa.

A. Geography

6. The Central African Republic is a continental territory that is bordered to the north by Chad, to the east by the Sudan, to the west by Cameroon, to the south-east by the Democratic Republic of the Congo and to the south-west by the Congo. It covers an area of 623,000 km^2, of which 3.2 per cent is devoted to agriculture and 4.8 per cent to pasturage, with 57.5 per cent consisting of forest and 34.5 per cent of dwellings and so forth.

7. The relief of the Central African Republic consists of plains in the centre and the south, plateaus in the west, and two large massifs, the Fertit Hills in the north-east and the Yadé Massif in the north-west. The highest point is Mount Ngaoui in the north-east, which rises to 1,420 m.

8. The landscape consists of a raised central section, the backbone of the Central African Republic, and two depressions, the Chad basin in the north and the Congo basin in the south. These two basins form the basis of the country's drainage system. It is worth noting that the watercourses of these two basins flow across the country in opposite directions. The Shari and its tributaries in the north and the Ubangi and its tributaries in the south have a very simple flow pattern. Their waters rise during the rainy season. The Shari is navigable from Batangafo onwards; the Ubangi, the upper course of which has many rapids, is navigable from Bangui onwards.

B. Climate

9. The Central African Republic has three types of climate:

- Guinean forest or equatorial climate in the south
- Sudano-Guinean or intertropical climate in the centre
- Sudano-Sahelian or south-Sahelian climate in the north

10. Each climate has its own subclimates, reflecting the amount of precipitation and the length of the rainy season. There are thus two main seasons: the rainy season, which runs from May to October, and the dry season, which lasts from November to April.

11. The country's climate is also affected by two large high-pressure systems that determine climatic conditions throughout central and west Africa, namely the Libyan anticyclone, over north and north-east Africa, and the St. Helena anticyclone, centred over the Atlantic to the south-west of the continent.

12. Average annual temperatures range from 23.4°C in the west (Bouar) to 26.5°C in the north-east (Birao). Most parts of the Central African Republic receive more than 1,220 mm of rain per year; only the sub-Sahelian region of Birao receives less than 1 m of rainfall per year.

C. Vegetation

13. With its high levels of rainfall, the climate of the Central African Republic produces vegetation consisting of a wide variety of thick forest in the south and west of the country, wooded and grass savannah in the north, over a patchwork of dry forests and savannahs, to steppe land in the far north-east of the country.

14. The varied vegetation reflecting a varied climate is also home to a significant and very diverse range of fauna: mammals (gorillas, elephants, rhinoceroses, hippopotamuses, giraffes, antelopes etc.), reptiles (vipers, crocodiles, caimans etc.) and all kinds of birds. As for aquatic fauna, fish varieties are found in abundance.

15. With a view to managing and protecting fauna, the Central African Republic has three national parks, the two largest of which are Avakaba Park, in Bamingui-Bangoran in the north-east of the country, and Dzangha-Sangha Park, in the prefecture of Sangha-Mbaéré, in the west.

16. The country's fauna and its varied vegetation, hydrology and climate make it an outstanding tourist destination. At the same time, however, these riches make it a magnet for poachers, who decimate rare and protected species (elephants, rhinoceroses etc.).

D. Administrative divisions

17. The Central African Republic is divided into 7 regions, 16 prefectures, 76 sub-prefectures, 8 administrative control areas, 175 municipalities, including 6 stock-raising municipalities, and around 10,000 villages, districts and towns.

18. As part of a policy of devolution of power to the regions, prefectures are organized into seven regions, each of which consists of two or three prefectures. The seventh region consists of the eight arrondissements of the capital, Bangui.

19. Each region has its own administrative divisions: a military area, a health service area, school inspectorates, labour inspectorates and local government offices.

20. All the cities in the country are linked by unpaved roads, except for three: Bangui-Mbaïki, Bangui-Sibut and Bangui-Bossembele-Garoua Boulaï, where extension work is still under way.

21. The roads between the different cities are passable. However, during the rainy season, their very poor state makes driving difficult. The city of Birao, for example, in the

far north of the country, is completely cut off during the rains, owing to flooding and the absence of infrastructure (bridges).

22. In addition to Bangui-Mpoko International Airport, the country has airfields in every prefecture. Two river ports, one at Bangui and the other at Salo in the prefecture of Sangha-Mbaéré, facilitate river traffic.

23. With a view to improving access to the outside world, the Government is devoting particular attention to telecommunications networks, which are gradually being installed in the country's cities.

E. Demography

24. According to the most recent general census, conducted in 2003, the population of the Central African Republic is estimated at 3,895,139, broken down as follows:

- Women, 1,955,813, or 50.21 per cent
- Men, 1,939,326, or 49.79 per cent
- Persons aged under 18 years, 49.8 per cent
- Rural population, 2,419,824, or 62.12 per cent
- Urban population, 1,475,315, or 37.88 per cent

25. The population is made up of a variety of ethnic groups, including:

- Gbaya in the west and north of the country, with the Ali, Ngbakamandja, Mandja and Gbanou subgroups in the centre and the Boffi subgroup in the south-west
- Banda in the centre and east
- Zandé, Yakoma and Nzakara in the east
- Mboum, Karé, Kaba and Dagba in the north

26. In addition, there are pygmy minorities in Lobaye and Sangha-Mbaéré: the Ndri in the sub-prefecture of Boali and the Peuhl in stock-raising areas.

27. This mosaic of different populations communicates in Sango, a language that is spoken and understood throughout the country. Although Sango is recognized as an official language, French remains the language of instruction and the working language for administrative purposes.

F. Economic and social situation

1. Economic data

- Gross domestic product (GDP) (2015): US$ 1.584 billion
- GDP per capita (2015): US$ 335 (Treasury)
- Growth: -36.7 per cent in 2013; 1 per cent in 2014; 4.8 per cent in 2015; 4.5 per cent projected for 2016 (International Monetary Fund (IMF), December 2016)
- Inflation: 6.6 per cent in 2013; 11.6 per cent in 2014; 4.5 per cent in 2015; 5.1 per cent projected for 2016 (IMF, December 2016)
- Budgetary balance: US$ 24 million (IMF, 2016)
- Balance of trade: -US$ 335.9 million (IMF, 2016)
- Major trading partners (exports) in 2016: Belarus (US$ 32.8 million), Germany (US$ 14.9 million), France (US$ 13.9 million) and Chad (US$ 12.9 million) (IMF)
- Major trading partners (imports) in 2016: Egypt (US$ 119.5 million), France (US$ 74.5 million), China (US$ 27.2 million) and Belgium (US$ 23 million) (IMF)

- Share of GDP of the main economic sectors:
    - Agriculture (food, coffee, cotton, palm oil), 58 per cent of GDP in 2014
    - Extractive industries (gold and diamonds) and manufacturing (beverages, sugar, tobacco, metal), 12 per cent of GDP
    - Services (banks, business, hospitality, telecommunications), 29.8 per cent of GDP

2. Economic situation

28. The Central African Republic, landlocked and dependent on the Ubangi-Congo River and the roads to Chad and Cameroon, is one of the poorest countries in the world. The crisis has severely affected all economic sectors, particularly in rural areas, where insecurity has brought activity to a complete standstill. Although economic activity is slowly recovering, GDP is well below its pre-crisis level. Food production is picking up, but the production of coffee, palm oil and cotton is struggling to recover. Agribusiness, trade and construction are developing, thanks in particular to the presence of the international community. There is a real prospect that the embargo on diamonds will be partially lifted and that commercial logging will be resumed. Despite the fall in the price of wood, log production increased by nearly one third in 2015 thanks to restored security in the forest area. Public finances are characterized by a structural deficit, insufficient investment capacity, a high dependence on external budgetary assistance, which is due to the slump in customs and tax revenues since March 2013, and an inability to service debt. The relative increase in budgetary revenues in 2015 is only enough to cover the payment of salaries. Spending is generally under control. In 2016, IMF approved a new three-year programme aimed at gradually restoring the economy.

3. International aid and financial needs

29. Over the last three years, significant progress has been achieved, but the situation in the country remains fragile, and partners must be mobilized to address the multiple challenges facing the country: the disarmament and demobilization of armed groups, security sector reform, re-establishing State authority, economic recovery and national reconciliation.

30. Owing to the continuing violence, 20 per cent of the population of the Central African Republic has sought refuge in a neighbouring country or been internally displaced.

31. The National Plan for Recovery and Peacebuilding in the Central African Republic was prepared with the support of the international community and was presented at the donors' conference held in Brussels on 17 November 2016, which raised US$ 2.28 billion in pledges for the period 2017–2021. The World Bank pledged US$ 500 million, the European Union €416 million and the African Development Bank US$ 400 million.

G. Political situation

32. Ubangi-Shari, now the Central African Republic, was an integral part of the French colonial empire under the Fourth Republic. It became a French overseas territory with the promulgation of the Constitution of 27 October 1946.

33. This overseas territory was granted a local legislature with deliberative powers pursuant to the framework law of 23 June 1956 known as the Deferre Act.

34. This reform introduced a parliamentary system modelled on the political machinery of metropolitan institutions.

35. For the first time, universal suffrage was introduced in the colonies, including in Ubangi-Shari.

36. On 17 May 1957, the first Government Council began its work. On 23 March 1957, the Territorial Assembly was elected.

37. With the promulgation of the French Constitution of 1958 under General de Gaulle, the colonial territories were given the chance to embark on the process that would lead them to independence.

38. On 1 December 1958, the Ubangi-Shari Territorial Assembly, the national legislature, proclaimed the establishment of the Central African Republic. On 8 December, the Government Council became a provisional government, and Barthélemy Boganda was appointed its head.

39. This Government was entrusted with drafting the country's first Constitution, which was promulgated on 16 February 1959.

40. From that date onwards, the Central African Republic went through several constitutions and constitutional acts owing to political instability.

41. These constitutions and constitutional acts paved the way for the adoption of laws and regulations recognizing human rights.

II. Commitment of the Central African Republic to human rights

42. The commitment of the Central African Republic to human rights is reflected in its accession to virtually all relevant international and regional human rights instruments, namely:

- Universal Declaration of Human Rights (10 December 1948)
- Convention on the Prevention and Punishment of the Crime of Genocide of 1948
- Convention against Discrimination in Education, adopted by the General Conference of the United Nations Educational, Scientific and Cultural Organization (UNESCO) on 14 December 1960
- International Covenant on Economic, Social and Cultural Rights (16 December 1966), ratified on 8 May 1981
- International Covenant on Civil and Political Rights (16 December 1966), ratified on 8 May 1981
- 1951 Convention relating to the Status of Refugees and its 1967 Protocol
- Optional Protocol to the International Covenant on Civil and Political Rights (16 December 1966), ratified on 8 May 1981
- International Convention on the Elimination of All Forms of Racial Discrimination (21 December 1969), ratified on 16 March 1971
- Charter of the Organization of African Unity (1973)
- African Charter on Human and Peoples' Rights (6 June 1981), ratified on 26 April 1986
- African Charter on the Rights and Welfare of the Child
- Convention on the Rights of the Child (20 November 1989), ratified on 23 April 1991
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, ratified on 3 July 2002
- Rome Statute of the International Criminal Court (17 July 1998), ratified on 3 October 2001
- Convention on the Elimination of All Forms of Discrimination against Women (adopted on 18 December 1979 and in force since 3 September 1981), ratified on 21 June 1991
- Convention on Biological Diversity (1992), ratified in 1994

- United Nations Framework Convention on Climate Change, ratified in 1994
- Geneva Conventions of 1949 and the Additional Protocols thereto
- International Labour Organization (ILO) Indigenous and Tribal Peoples Convention, 1989 (No. 169)
- Other ILO Conventions, ranging from the Unemployment Convention, 1919 (No. 2) to the Worst Forms of Child Labour Convention, 1999 (No. 182)
- UNESCO Convention on the Protection and Promotion of the Diversity of Cultural Expressions, ratified on 5 January 2007
- Agreement on Privileges and Immunities of the International Criminal Court, ratified on 3 July 2008
- Protocol to the African Charter on Human and Peoples' Rights on the Establishment of an African Court on Human and Peoples' Rights, ratified on 20 June 2006
- United Nations Convention against Corruption, ratified on 3 July 2006 (Act No. 06.011 of 3 July 2007)
- African Union Convention on Preventing and Combating Corruption, ratified on 3 July 2006 (Act No. 06.010 of 3 July 2007)
- United Nations Convention against Transnational Organized Crime and the Protocols thereto, ratified on 3 July 2006
- Pact on Security, Stability and Development in the Great Lakes Region, ratified in 2007
- African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa, ratified on 20 December 2010
- African Youth Charter, ratified in 2011
- Convention on the Court of Justice of the Central African Economic and Monetary Community, ratified in 2010
- Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict

43. The procedures for the ratification of other instruments are under way.

III. Measures taken by the Central African Republic to implement the Covenant

III.1 Right to health (art. 12)

44. The right to health has been a major concern of successive regimes and Governments since the Central African Republic gained independence.

A. International legal instruments relating to the right to health ratified by the Central African Republic

45. The Central African Republic is a State party to several international and regional instruments relating to the right to health, including:

- Universal Declaration of Human Rights of 1948
- Durban Declaration and Programme of Action of 2001
- Vienna Declaration and Programme of Action of 1993
- International Covenant on Economic, Social and Cultural Rights of 1996
- Constitution of the World Health Organization (WHO) of 19 June 1946

- African Charter on Human and Peoples' Rights of 27 June 1981
- Stockholm Convention on Persistent Organic Pollutants
- Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal
- Kyoto Protocol to the United Nations Framework Convention on Climate Change
- Cartagena Protocol on Biosafety to the Convention on Biological Diversity

B. Legislative measures

46. Various legislative and regulatory measures have been taken to protect the right to health, including the following:

- Constitution of 30 March 2016, particularly its article 8, which stipulates that "the State guarantees the right of access of all persons to health-care facilities and their right to adequate medical treatment provided by trained and properly equipped specialists"
- Act No. 63.415 on the Protection of Public Health from Endemic and Epidemic Diseases
- Act No. 89.003 of 23 March 1989 establishing the general principles of public health in the Central African Republic
- Act No. 03.04 of 20 January 2003 establishing the Hygiene Code
- Act No. 06.001 of 12 April 2006 establishing the Water Code
- Act No. 06.005 of 20 June 2006 on Reproductive Health
- Act No. 06.030 of 12 September 2006 establishing the rights and obligations of persons living with HIV/AIDS
- Act No. 10.001 of 6 January 2010 establishing the Criminal Code
- Order No. 83.089 of 1983 regulating foodstuffs in the Central African Republic
- Decree No. 95.293 of 7 November 1995 establishing an interministerial technical follow-up committee for the National Health Development Plan
- Decree No. 96.028 of 7 November 1996 establishing a follow-up committee for the National Health Development Plan

C. Institutional measures

1. State institutions

47. Pursuant to Decree No. 15.348 of 2 September 2015 on the organization and operation of the Ministry of Health and Population and its powers, the administrative organization of the health system under the Ministry forms a three-tier pyramid, (with central, intermediary and local health authorities).

48. The central level of authority is responsible for the design, coordination and supervision of overall health policy. It is the first level of regulation for the health system and national health programmes.

49. The administrative divisions at the intermediate level comprise seven health service areas. These seven regional authorities are responsible for monitoring the implementation of policies formulated at the central level and providing technical support to prefectures (health districts). The intermediate level includes the five regional teaching hospitals in Berberati, Bambari, Bangassou, Bria and Bossangoa.

50. The local level consists of 12 health prefectures, 10 health districts and the 8 health authorities of Bangui, which broadly correspond to the administrative division of the country.

Types of health facility by region

Health service area	*Type of facility*					
	Central hospitals	*Regional hospitals*	*Prefectural district hospitals*	*Health centres*	*Health posts*	*Total*
1	1		4	107	69	181
2		1	3	84	93	181
3		1	3	53	170	227
4		1	3	36	62	102
5		1	2	17	50	70
6		1	5	59	90	155
7	4			64	24	92
Total	**5**	**5**	**20**	**420**	**558**	**1 008**

Note: Health posts represent the largest category of health facility included in the table (55 per cent), followed by health centres (42 per cent).

2. Non-State institutions

51. Development partners provide 80 per cent of the funding for the national health-care system. This support comes from:

- Bilateral sources (France (French Development Agency), Japan, China, Egypt, Germany and Switzerland) and multilateral sources (European Union, African Development Bank and International Development Association)
- United Nations agencies (WHO, United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP), Office of the United Nations High Commissioner for Refugees (UNHCR), World Food Programme, Food and Agriculture Organization)
- National and international non-governmental organizations (NGOs) (Cooperazione Internazionale, Médecins sans frontières (Spain), International Committee of the Red Cross, Oxfam (Québec), Friends of Africa International, the French Red Cross, Association for Medical Work by Churches for Health in the Central African Republic (ASSOMESCA), Association for Family Well-Being of the Central African Republic and other faith-based charities)
- Other initiatives (Global Fund to Fight AIDS, Tuberculosis and Malaria, Organization of the Petroleum Exporting Countries and GAVI, the Vaccine Alliance, etc.)

Breakdown of health facilities by sector

Health service area	*Sector*				
	Public	*Faith-based*	*Private, for-profit*	*Private, not-for-profit*	*Total*
1	142	19	12	8	181
2	140	20	10	11	181
3	207	7	9	4	227
4	94	2	3	3	102
5	64		6		70
6	143	5	5	2	155

Health service area	*Sector*				*Total*
	Public	*Faith-based*	*Private, for-profit*	*Private, not-for-profit*	
7	23	3	50	16	92
Total	**813**	**56**	**95**	**44**	**1 008**

Note: Public health facilities represent 81 per cent of all health facilities at the national level.

D. General and sectoral policy measures

1. General policy measures

52. General policy measures relating to health include:

- Poverty reduction strategy papers I (2008–2010) and II (2011–2015)
- United Nations Development Assistance Framework (UNDAF) for the period 2012–2016 in partnership with the Government of the Central African Republic
- Emergency programme for sustainable recovery in the Central African Republic for the period 2014–2016
- Bangui Forum on National Reconciliation in 2015
- National Recovery and Peacebuilding Plan for the period 2017–2021

2. Sectoral policy measures

53. Specific measures taken to realize the right to health include:

- National Health Development Plan for the period 2006–2015, which is the instrument for the implementation of the health policy and was prepared on the basis of the recommendations made following the evaluation of the National Health Development Plan for the period 1994–1998
- Preparation and implementation of the plan to speed up the reduction of maternal and neonatal mortality for the period 2004–2015
- Preparation and implementation of the programme to prevent parent-to-child transmission of HIV/AIDS
- Preparation of the national policy document on reproductive health and an implementation plan
- Information, education and communication on sexually transmitted diseases, chiefly HIV/AIDS, and malaria
- Vaccination campaigns and distribution of insecticide-treated mosquito nets
- Institutional strengthening and capacity-building for health workers
- Comprehensive care for orphans and other vulnerable children
- Combating tuberculosis and other endemic diseases
- The health sector transition plan for the period 2015–2017, an interim policy paper pending the preparation of the forthcoming National Health Development Plan, is intended to be programmatic, strategic and practical
- The Health Resource Availability Monitoring System for the period 2014–2016, a document that maps the availability of care, health services and associated resources
- Strategic human resource development plan for health for the period 2017–2021
- Plan for the construction, renovation and equipment of health facilities for the period 2017–2027
- Health information system strategy paper

3. Evaluation of various aspects of the content of the right to health in the Central African Republic

(a) Population health status

54. During the period in which socioeconomic conditions were favourable, the mortality rate in the Central African Republic fell significantly, from 26 per 1,000 in 1959 to 18 per 1,000 in 1975 and 17 per 1,000 in 1988.

55. The health situation has gradually declined since the 1990s. The HIV/AIDS epidemic and the severe deterioration in living conditions are among the factors behind the increase in the overall mortality rate to 20.06 per 1,000.[1] Life expectancy was 49 years in 1988, 43 years in 2003 and 52 years in 2016.

(b) Maternal and child health

56. The main indicators of maternal and child health in the Central African Republic are given in the table below.

Main indicators of maternal and child health

Indicator	*Situation*	*Source*	*Comments*
Infant mortality rate	116 per 1,000	Multiple indicator cluster survey (MICS) 4	97 per 1,000 in 1995; 132 per 1,000 in 2003; 116 per 1,000 in 2010
Proportion of births attended by skilled health personnel	53.8%	MICS 4	
Contraceptive prevalence	9.3%	MICS 4	
Unmet need for family planning	27%	MICS 4	
Maternal mortality rate	890 per 100,000 live births	United Nations Maternal Mortality Estimation Inter-agency Group (2010)	Third highest in the world
Total fertility rate	5.1%	General population census 3	
Adolescent fertility rate (15–19 years)	22.9%	MICS 4	Partly responsible for increased rates of maternal mortality and morbidity
Infant and child mortality rate	179%	MICS 4	Eighth highest in the world

Note: Women's childbearing years begin rather early and continue throughout the entire reproductive cycle. Adolescent fertility poses major health challenges given the risk of complications during pregnancy and childbirth, including obstetric fistula. As part of campaigns to repair obstetric fistula, operations were performed in 242 cases between 2009 and 2014.

(c) Main diseases threatening child survival

57. The main causes of infant and child mortality are diarrhoeal diseases, neonatal infections, malaria, acute respiratory infections, malnutrition and HIV/AIDS.

58. The prevalence of diarrhoeal diseases among children aged 1 to 3 years is higher than the average (23.7 per cent) and is highest among those aged 12 to 23 months (33.3 per cent).

[1] General population census, 2003.

59. The treatment of children with diarrhoea with oral rehydration salts, which was greatly expanded between 2000 and 2006, with coverage going from 17.2 per cent in 2000 to 34.3 per cent in 2006, fell to 15.6 per cent in 2010.

60. Acute respiratory infections are the second most prevalent disease in children under 5. At the national level, the prevalence of pneumonia is estimated to be 6.9 per cent, which reflects little change since 2006 (7.1 per cent).

61. The proportion of cases of acute respiratory infections that are treated has remained stable over a decade. Despite a small improvement in 2006 (39 per cent), it fell to 31.3 per cent in 2010.

62. Malaria is one of the leading causes of death in children aged under 5 in the Central African Republic. It also contributes to anaemia in children and remains a common cause of school absenteeism. Preventive measures, in particular the use of insecticide-treated mosquito nets, can significantly reduce malaria mortality in children.

63. Acute malnutrition remains one of the five leading causes of death in children under 5. The Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey conducted in 2012 (UNICEF) shows that the country's immense resources are not being effectively utilized to provide adequate nutrition for this target group. The overall rate of severe acute malnutrition is 7.8 per cent, and the rate of chronic malnutrition has increased over the last four years, reaching 40 per cent in 2012.

(d) HIV/AIDS

64. HIV prevalence among persons aged 15 to 49 years was 4.9 per cent in 2010, according to the multiple indicator cluster survey (MISC 4), versus 6.2 per cent in 2006. The prevalence varies significantly among the various prefectures, from 1 per cent in Ouham to 11.9 per cent in Haut Mbomou. It is thus a widespread epidemic. HIV/AIDS is more prevalent in urban areas (7.9 per cent) than in rural areas (2.9 per cent). The higher prevalence of HIV/AIDS in urban areas can be observed among women (10.3 per cent versus 3.7 per cent), men (4.8 per cent versus 1.9 per cent) and young people (4.4 per cent versus 1.6 per cent).

65. Women are infected at a younger age than men.

66. Regardless of sex, prevalence increases with age, affecting 9.2 per cent of women aged 40 to 44 years and 6.9 per cent of men aged 35 to 39 years. Overall HIV prevalence among young people aged 15 to 24 years is 2.8 per cent.

67. The prevalence among pregnant women was 4.5 per cent in 2010, whereas it stood at 5.3 per cent in 2006. The prevalence was 4.1 per cent among pregnant women aged 15 to 24 years.

68. The latest humanitarian crisis, which has brought with it a high level of population movement and disruption to prevention and care services, particularly outside the capital, risks increasing the incidence of HIV, bringing about a change in the breakdown of cases by region and increasing the number of cases of antiretroviral resistance.

69. In the second quarter of 2014, the public health facilities involved in combating AIDS included 93 antiretroviral treatment centres, including 26 centres, or 28 per cent, that were not operational. Of the 21 voluntary testing centres, 10 are still up and running.

(e) Tuberculosis

70. According to data from the national programme for the fight against tuberculosis in 2012, the incidence of all forms of tuberculosis is 367 cases per 100,000 inhabitants and the prevalence 520 cases per 100,000 inhabitants.

71. There were 8,623 reported cases of tuberculosis in total, including 4,199 new cases of smear-positive pulmonary tuberculosis (PTB+). Between 2008 and 2011, the case fatality rate for tuberculosis ranged between 2 and 5 per cent.

72. According to a 2009 study conducted by the Pasteur Institute in Bangui, the rate of primary resistance to at least one molecule is 14.7 per cent. The same study found that the

rate of primary isoniazid-resistant tuberculosis is 9.1 per cent and multidrug-resistant tuberculosis 0.8 per cent.

73. According to the 2012 routine reports of the national programme for the fight against tuberculosis, the prevalence of HIV among persons with tuberculosis is 39 per cent overall and 37 per cent for new cases of smear-positive pulmonary tuberculosis.

74. However, the national programme for the fight against tuberculosis does not yet have a national policy paper for combating the disease.

75. There is a new strategic anti-tuberculosis plan for the period 2013–2017, which must be adapted to the framework of the health sector transition plan.

76. During the crises, out of 80 diagnostic and treatment centres, the microscopes from 11 laboratories were stolen, and 8 centres had to suspend their activities temporarily because of the security situation.

(f) Non-communicable diseases

77. The available data are from the STEPS non-communicable disease risk factor surveillance (NTEPS) survey for the period 2010–2011 and non-communicable disease survey for the period 2008–2010.

- Cardiovascular diseases: according to hospital data, 197 new cases were reported between 2008 and 2010, including 16 deaths from stroke and 85 cases of rheumatic heart disease.
- High blood pressure: the prevalence of high blood pressure is 34.5 per cent (36.8 per cent among men and 32.3 per cent among women), and 90.7 per cent of people with high blood pressure are not currently receiving medical treatment (94.3 per cent of men and 86.6 per cent of women).
- Diabetes: 19.6 per cent of adults (18.2 per cent of men and 21.0 per cent of women) have problems with their fasting blood glucose values. Currently, 0.8 per cent of the population is undergoing treatment for hyperglycaemia. The number of cases of diabetes reported between 2008 and 2010 was 329, including 13 deaths.
- Cancer: the number of cases reported between 2008 and 2010 was 245 (107 men and 138 women), including 153 deaths (65 men and 88 women). The most common cancers are those of the breast (66 per cent), cervix (64 per cent), prostate (34 per cent), liver (28 per cent) and colon and rectum (26 per cent), and non-Hodgkin's lymphoma (14 per cent).
- Chronic respiratory diseases: 4,258 cases of obstructive pulmonary disease and 132 cases of asthma were reported between 2008 and 2010. No deaths were reported during this period.

(g) Risk factors for non-communicable diseases

- Smoking is the main cause of non-communicable diseases. The prevalence of smoking among schoolchildren is 9 per cent (Global Youth Tobacco Survey, 2008). It is 14.1 per cent for persons aged between 25 and 64 years (22.8 per cent for men and 5.5 per cent for women).
- Alcohol abuse: 16.3 per cent of men regularly consume five standard glasses of alcohol or more, and 20.3 per cent of women consume four standard glasses or more.
- Physical inactivity: 24.7 per cent of people (20.4 per cent of men and 29 per cent of women) have a low level of physical activity.
- Inadequate consumption of fruit and vegetables: 66.1 per cent of people (70.8 per cent of men and 61.5 per cent of women) consume less than five portions of fruit and vegetables per day.

(h) Mental health problems

78. Between 2008 and 2010, the number of reported cases of mental health problems was 1,959, including 314 cases of epilepsy, 1,261 cases of psychosis and 300 cases of mental illness among homeless persons.

79. The main failings identified in the evaluation of the mental health situation and of the psychological support in response to the humanitarian crisis were the following:

- Poor integration of mental health and psychosocial support at the various levels of the health-care system
- Access to mental health and psychosocial support services restricted to the National University Hospital in Bangui
- Limited awareness of mental health, psychosocial support, its challenges, mental disorders and the handling of such disorders by untrained health-care workers and the population as a whole facing the crisis
- Poor coordination on the part of the intersectoral task force on mental health, which needs to be strengthened with the involvement of relief organizations (International Organization for Migration and UNHCR) that protect and manage places for displaced persons

(i) Other chronic diseases

80. Between 2008 and 2010, 599 cases of sickle-cell anaemia were reported. With regard to eye disorders, 5,193 cases were reported, including 135 cases of cataracts. Concerning hearing disorders, there are 867 known cases, including 330 patients with disabilities.

(j) Neglected tropical diseases

- Lymphatic filariasis: according to a survey conducted in 8 of the country's 16 prefectures, lymphatic filariasis is endemic in all of them.
- Onchocerciasis: since 1998, onchocerciasis has been endemic in 10 prefectures consisting of 6,042 villages in which nearly half of the country's population live. Since 2012, the Onchocerciasis Control Programme has not carried out mass treatment in the prefectures in which it is endemic. This situation is causing the country to lose the ground already gained and is seriously compromising efforts to combat the disease and make progress towards its elimination.
- Leprosy: in late 2005, the Central African Republic achieved the target for the elimination of leprosy as a public health problem (less than 1 case per 10,000 persons). This success masks certain disparities, as the disease is confined to specific areas in which the elimination target has not been reached. Since 2008, the programme has been underfunded and has performed poorly as a result. The situation has worsened since the outbreak of the military and political crisis, as the presence of groups of people at sites lacking adequate hygiene and environmental health facilities has allowed the disease to spread.
- Human African trypanosomiasis: human African trypanosomiasis is highly endemic in the Central African Republic, with the second highest number of reported cases after the Democratic Republic of the Congo (1 case per 1,000 persons). It is endemic in five areas: Bilolo (Sangha-Mbaéré), Goffo (Ouham), Obo (Haut-Mbomou), the logging company Société Centrafricaine de Déroulage (Lobaye) and Yatimbo (Ombella-Mpoko).
- Guinea-worm disease, or dracunculiasis: this disease was eradicated from the Central African Republic in 2002, and the country was declared free of the disease in November 2006. The real challenge is that it remains highly endemic in neighbouring countries (Chad, the Sudan and South Sudan). The overall objective of the programme is to strengthen surveillance following the eradication of guinea-worm disease in order to preserve the progress made in terms of preventing local

transmission. Between 2006 and 2012, there was not a single reported case of guinea-worm disease in the country.

- Buruli ulcer: the first case of Buruli ulcer in the Central African Republic was confirmed in October 2006. However, the magnitude of the disease is not yet known.
- Yaws: yaws is endemic in two prefectures (Lobaye and Sangha-Mbaéré) with a clear predominance in areas inhabited by pygmies. Mass treatment with azithromycin, taken orally, had been planned for 2014, but could not be carried out.

4. Health sector financing

81. The State has not been the main funder of health care for some years. In 2013, the Government provided only about 5 per cent of total health-care expenditure. The country remains heavily dependent on foreign aid. There is an urgent need to identify other resources and alternative ways of funding the health sector.

82. Before the crisis of 2012, internal funding had come from the State, households, communities, local authorities and the private sector.

83. Outside funding comes from grants and loans provided largely through bilateral and multilateral cooperation agreements.

84. The budget allocations for health represent on average 9 per cent of the general State budget, which is below the minimum recommended in the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases (15 per cent). Furthermore, owing to cash-flow problems, many disbursements are not carried out.

(a) Community participation

85. Within the framework of the Bamako Initiative, community participation was identified as the appropriate method of financing for reaching beneficiaries, as follows: cost recovery with an approach based on paying per passing disorder or per treatment and a participatory approach for certain investments, for example building projects or infrastructure renovation.

86. The system of cost recovery introduced in 1994 involves payment for medicines, consultations, medical treatment and hospital care. The rates charged for consultations vary between 500 and 2,000 CFA francs, depending on the level of the facility and the qualifications of the service provider. Payments are made directly. There is no form of risk or resource sharing other than the State budget. There is thus no protection or cross-subsidy, which poses a problem for equal access to quality health care for all.

87. The participatory approach involves a contribution from the community in terms of manual work, materials and funding for the construction of health posts and huts and village pharmacies in municipalities.

88. To date, no study has been conducted to identify the extent and size of community financing, let alone local authority financing.

89. New ministerial guidelines issued in 2013 recommend free health care for children aged under 5 years and pregnant and breastfeeding women, as well as in emergencies, throughout the country for a period of one year.

Breakdown of health expenditure (baseline data)[1]

	2012	*2013*	*2014*
Population	4 779 088	4 981 700	5 191 559
GDP	2 222 275 920	2 316 490 500	2 595 779 500
Total health expenditure	23 904 028 080	24 501 628 875	25 114 169 655

[1] *Source*: complete multi-annual plan for the Expanded Programme on Immunization, 2011–2015.

	2012	2013	2014
Total Government health expenditure	2 426 258 865	2 486 915 325	2 535 138 150
General State budget	239 054 234 000	272 668 930 000	221 272 516 000
Total Government health expenditure as % of total health expenditure	10	10	11
Total Government health expenditure as % of the general State budget	10	09	11
Total Government health expenditure as % of GDP	109	107	97.7
Total health expenditure per capita	5 002	4 918	4 838

Note This table indicates that total health expenditure of the Government is 10 per cent of total health expenditure, which shows that the sector is highly dependent on external funding.

90. As mentioned above, efforts must be made to mobilize additional resources to meet the financial needs associated with new approaches, namely decentralization, health insurance schemes, the strengthening of public-private partnership, performance-based financing and free health care for certain groups.

III.2 Right to education (art. 13)

A. International legal instruments ratified by the Central African Republic

91. They include:

- Universal Declaration of Human Rights (10 December 1948)
- Convention on the Prevention and Punishment of the Crime of Genocide of 1948
- Convention against Discrimination in Education, adopted by the General Conference of UNESCO on 14 December 1960
- International Covenant on Economic, Social and Cultural Rights (16 December 1966)
- International Convention on the Elimination of All Forms of Racial Discrimination, ratified on 16 March 1971
- Charter of the Organization of African Unity (1973)
- African Charter on Human and People's Rights (6 June 1981), ratified on 26 April 1986
- African Charter on the Rights and Welfare of the Child
- Convention on the Rights of the Child (20 November 1989), ratified on 23 April 1991
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, ratified on 3 July 2002
- Durban Declaration and Programme of Action of 2001
- ILO Indigenous and Tribal Peoples Convention, 1989 (No. 169)
- Convention on Technical and Vocational Education (Paris, 1989)

B. Legislative measures

92. The Constitution of 30 March 2016 enshrines the right to education in the same way as all previous basic laws, especially the right to free education at various levels. Article 9

of the Constitution provides: "Every person has the right to have access to sources of knowledge. The State guarantees every citizen's right of access to education, culture and vocational training."

93. Private schools may be established with the authorization of the State under the conditions prescribed by law. Authorization for doing so is obtained by means of a signed agreement by the Head of Department.

94. Parents are required to provide education to their children until they reach at least 16 years of age.

95. State and local authorities are required to establish public schools and ensure that they function properly in order to provide young people with instruction in educational establishments and vocational training centres such as the Arts and Crafts School (École des Métiers d'Arts).

96. Other relevant laws and regulations include:

- Act No. 62/316 of 9 May 1962 on the Standardization of Education and its implementing decree, No. 63/071 of 5 February 1963
- Act No. 97 of 17 December 1997 on National Education Policy
- Order No. 69/0063 on the establishment of the University of Bangui
- Order No. 72/040 of 12 May 1972 repealing Act No. 62/316 of 9 May 1962 and its implementing decree, No. 63/071 of 5 February 1963, on the standardization of education, which restores private and secular education to the Central African Republic
- Order No. 84.031 of 14 May 1984 on the organization of education in the Central African Republic
- Partnership agreement concluded between the State and the Episcopal Conference on 12 January 1997 entitled Agreement on the Establishment of Catholic Education throughout the Country
- Decree No. 72/147 of 12 May 1972 authorizing the establishment of private secular educational institutions
- Order No. 0026 of 23 August 1997 laying down the conditions for the opening of private educational institutions in the Central African Republic

C. Institutional measures

97. Several stakeholders contribute to the implementation of the right to education, including the following.

1. State institutions

98. The Ministry of National Education, Higher Education and Scientific Research through the central administrative services.

2. Non-State organizations and institutions

99. These include national and international non-governmental associations and organizations authorized by the Government to provide services in specific areas, such as construction of schools, minor or major renovation of schools, provision of school furniture and distribution of school supplies kits.

100. The establishment of a second-chance school in 2015 at the Bangui Paediatric Complex on the initiative of the Children's Computer Centre Association with the financial support of UNICEF is one of the major steps undertaken by non-State institutions to promote education in the Central African Republic.

101. This type of school provides hospital-based, primary school level (*fondamental* 1) educational support and activities in order to prevent children from becoming isolated and giving up their studies during hospitalization, foster continued intellectual development and thus avoid academic failure.

102. The school currently has two classrooms and a total of 221 students. Classes are led by six teachers appointed by the Ministry of National Education, one of whom is responsible for liaising between the school and the Ministry. The project is in the process of being extended to cover lower secondary education (*fondamental* 2).

D. General and sectoral policy measures

1. General policy measures

(a) Support for the reform of the educational system

103. "Collective promotion schools" were established in the 1970s with the aim of tailoring primary school education to the future living and working conditions of the majority of students. There had already been some 100 primary and secondary schools and the University of Bangui.

104. A national seminar on education was organized in Bangui in 1982 with the aim of initiating an extensive reform of the education system following the events of 1979 that led to the fall of the regime of Emperor Bokassa.

105. The Government is a signatory to the World Declaration on Education for All adopted in Jomtien, Thailand and has made education one of its priorities.

106. It organized a General Conference on Education and Training in 1994, which led to the drafting of a national programme on developing education and training and the adoption of Act No. 14 of 10 December 1997 on Education Policy in the Central African Republic.

107. The Central African Republic had a plan of action on education for all from 2003 to 2015 which was prepared in line with the recommendations of the 1994 General Conference.

108. The programme was organized around the following seven main objectives:

- Expand and improve all aspects of early childhood care and education, especially for the most vulnerable children
- Ensure that, by 2015, all children, especially girls, and including poor children, children who work and children with special needs, complete quality primary education
- Guarantee that the educational needs of all young persons are met through equitable access to appropriate learning and life skills programmes
- Provide equitable access to basic education and continuing education programmes for adults and reduce gender disparities by at least 90 per cent over the decade
- Eliminate disparities between girls and boys at primary and secondary school level by 2015 in order to guarantee full equality in education programmes and institutions and in the education system
- Improve all aspects of education quality so as to achieve recognized and measurable learning outcomes especially in literacy, numeracy and life skills
- Ensure that education on citizenship, peace and combating sexually transmitted diseases, HIV/AIDS, tuberculosis, malaria and other diseases is provided in both French and Sango, the national language

109. The national dialogue in December 2003 and the inclusive political dialogue of 2008 enabled the nation's community leaders to engage in a debate on the status of the national education system, which resulted in recommendations that, unfortunately, could not be implemented because of the events of 24 March 2013.

110. A World Bank Education Sector Development Programme was devised in 2009 with backing from the Education Programme Development Fund. The project was designed to improve access to quality basic education and promote the education of pygmies.

111. The midterm evaluation of the Millennium Development Goal 2 (achieve universal primary education) in September 2010 showed a clear increase in the enrolment rate for girls (72 per cent) and improvements in gender equality and the ratio of boys to girls in education.

112. Following the return to constitutional order in 2016, the Government has been working to translate the Sustainable Development Goals into reality, especially Goal 4 on the right to education (ensure inclusive and quality education and promote life-long learning opportunities for all).

113. The Central African Republic fully endorses the objectives stated in Sustainable Development Goal 4.

114. The development of the 2008–2020 National Education Sector Strategy identified the following three implementation phases:

- Emergency phase (2008–2011)
- Establishment phase (2012–2015)
- Consolidation and recovery phase (2016–2020)

115. The objectives of this strategy are as follows:

- Promote the establishment of preschools
- Improve enrolment rates through universal primary education and access to secondary education
- Improve the internal and external effectiveness of the education system by increasing the completion rate and promoting technical and vocational training
- Professionalize higher education
- Ensure more efficient management of the education sector

116. In the 2010–2015 Poverty Reduction Strategy Paper, the Government undertook to ensure comprehensive educational coverage and quality education for all children of both sexes, regardless of their place of residence.

117. The 2014–2016 Emergency and Sustainable Recovery Programme, adopted in July 2014 by the transitional government, placed particular emphasis on education, including through the strengthening of early childhood development and universal primary education, the development of literacy programmes and short-term vocational training, and the implementation of the reforms introduced to bachelor's, master's and doctorate degrees.

118. This plan for the period 2015–2017 aims to offer all school-age children the chance to attend school, encourage girls' enrolment, reduce dropout rates, support vocational schools in the spirit of entrepreneurship and train 500 teachers.

119. The plan should enable the country, by 2017, to restore the number and level of quality of primary and secondary schools that existed before 2013 and the positive trends in the development of the education system achieved prior to the crisis. It should also put the sectoral authorities in a position to formulate new long-term sector projections.

120. Through the action plan of the 2012–2016 UNDAF for the Central African Republic, the Government has received United Nations support and assistance in the areas of education and literacy, including through the establishment of reorientation classes and second-chance schools, and the implementation of a non-formal education programme for young persons who have never attended school or have dropped out and adults, particularly women.

121. The 2017–2021 National Recovery and Peacebuilding Plan, launched in 2016, demonstrated the Government's commitment to making basic education services available throughout the country to the whole population.

(b) Education budget

122. While spending on education accounted for 28 per cent of public expenditure excluding debt in 1996, it accounted for only 14 per cent in 2005 according to the data on the status of the education system collected as part of the 2009 Education Sector Development Programme to improve access to quality primary education.

123. The education budget for 2017 has been increased to 24 per cent. This constitutes a step forward for the education system.

2. Sectoral policy measures

(a) Primary education

124. Free and compulsory primary education is a constitutional and legal principle enshrined in article 7 (6) of the Constitution of 30 March 2016.

125. The penalty for non-compliance with the principle of free education is provided for in article 21 of the Constitution, which states that "anyone who has been the victim of violations of articles 1 to 20 of the present title has the right to compensation".

126. The national primary education system was founded on four basic principles: quality, efficiency, accessibility and equity.

127. The different levels of primary education include preschool and primary school.

128. The school inspectorate survey of primary education revealed that there are a total of 22 school districts and catchment areas, spread across 8 school inspectorates throughout the country.

(b) Secondary education (*fondamental* 2)

129. Secondary education is divided into two age groups known as cycles: the first cycle (Years 7 to 10) and the second cycle (Years 11 to 13).

130. The results of the school inspectorate survey of secondary education are presented in a table in annex 1.

(c) Technical education and vocational training

131. The following table provides an overview of the sector.

Bangui School Inspectorate	*Public*	*Private*
	4	
South Central School Inspectorate	1	
Central School Inspectorate		-
East Central School Inspectorate	1	
North School Inspectorate	1	10
South-East School Inspectorate	3	
North-East School Inspectorate	1	
West School Inspectorate	5	1

(d) Non-formal education

132. Non-formal education includes functional literacy, second-chance schools and community schools.

(e) Higher education

133. Higher education is provided by both public and private establishments, including faith-based institutions. The University of Bangui is the only public higher education institution in the country.

III.3 Right to work (art. 6)

134. The right to work is a fundamental right, recognized in several international legal instruments to which the Central African Republic is a party.

135. The right to work is essential for realizing other human rights and is an integral part of human dignity.

136. The right to work contributes to the survival of the individual and to that of his/her family, and also insofar as work is freely chosen or accepted, to his/her development and recognition within the community.

137. The distribution of the workforce by economic activity places the agricultural sector at the top (67 per cent), followed by the business sector.

A. Implementation of right to work through the ratification of international legal instruments

138. The Central African Republic is party to several international legal instruments on labour law, namely:

- Universal Declaration of Human Rights, which provides that "everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment" and "everyone, without any discrimination, has the right to equal pay for equal work" (art. 23)
- International Covenant on Economic, Social and Cultural Rights, ratified by Order No. 80.037 on 3 April 1980
- ILO Workmen's Compensation (Accidents) Convention, 1925 (No. 17), ratified on 9 June 1964
- ILO Labour Inspection Convention, 1947 (No. 81), ratified on 9 June 1964
- ILO Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87), ratified on 27 October 1960
- ILO Equal Remuneration Convention, 1951 (No. 100), ratified on 9 June 1964
- ILO Indigenous and Tribal Peoples Convention, 1989 (No. 169), ratified in 2010

B. National legal framework for the right to work

139. To give effect to its obligations, the Central African Republic has important national legal instruments at its disposal, namely:

- Constitution of 30 March 2016 (para. 4, preamble, and art. 11)
- Act No. 64.04 of 6 May 1964 repealing Act No. 59.27 of 13 November 1959 establishing the Social Security Office of the Central African Republic
- Organic Act No. 95.0012 of 23 December 1995 on the organization and functioning of the State Council
- Act No. 96.006 of 13 January 1996 on the organization and functioning of administrative courts
- Act No. 97.017 of 31 December 1997, amending the provisions of the Organic Act of 23 December 1995
- Act No. 17.005 of 15 February 2017 establishing the High Authority for Good Governance
- Act No. 17.007 of 15 February 2017 establishing the Economic and Social Council
- Decree No. 6.366 of 28 October 2016 on the organization and functioning of the Ministry of the Civil Service, Modernization of the Public Administration, Labour,

Employment and Social Protection and the establishment of the powers of the minister

- Decree No. 00.067 of 10 April 2000 approving the establishment of the Central African Agency for Vocational Training and Employment

C. Legislative measures

1. State institutional framework

140. The State institutions that guarantee the implementation of the right to work include:

- Ministry of the Civil Service, Modernization of the Public Administration, Labour, Employment and Social Protection
- Agency for Vocational Training and Employment of the Central African Republic
- National Social Security Fund
- High Authority for Good Governance
- Economic and Social Council
- State Council
- Administrative Court
- Labour Court

2. Private sector organizations

141. Several non-State institutions participate in the implementation of the right to work. They include private companies, non-governmental organizations and humanitarian agencies.

3. Trade unions

142. These include:

- Confédération Nationale des Travailleurs de Centrafrique (National Confederation of Workers of the Central African Republic)
- Confédération Syndicale des Travailleurs de Centrafrique (Trade Union Confederation of Workers of the Central African Republic)
- Union Syndicale des Travailleurs de Centrafrique (Trade Union of Workers of the Central African Republic)

D. General and sectoral policy measures

143. All the Constitutions of the Central African Republic from 1959 to 30 March 2016 contain provisions that guarantee the right to work and the conditions related to work.

144. From 1959 to 1960, regulations on the right to work were much closer to the colonial model.

145. From 1960, the independent Government launched a policy of nationalization of the labour force.

146. The multifaceted crises that the country has faced for several years have increasingly affected the labour market, with the following immediate consequences:

- Looting and destruction of public and private institutions
- Undermining of the social and economic fabric
- Political instability

147. A distinction is drawn between different types of employees in the Central African Republic, as follows:

- Persons with the status of civil servant and government officials covered by the 2009 General Civil Service Regulations, who are permanent employees of the State, local communities and public institutions
- Persons governed by the 2009 Labour Code, who consist solely of private sector employees

1. General policy measures

148. Various solutions have been considered in response to the problems that have been facing the labour market for many years, including:

- National seminar of 1981
- National debate of 1991
- Political memorandum of understanding of 1996
- Common Minimum Programme of the Government of 1997
- Follow-up mission of the 1997 Bangui Agreements
- National Reconciliation Conference and the Political Covenant of 1998
- National dialogue of 2003
- Inclusive political dialogue of 2008
- Bangui Forum of May 2015

149. The Forum on Decent Work, held on 7 to 10 December 2011, recommended improving working conditions through the following measures:

- Formulation of a coherent employment policy
- Strengthening of institutions' capacity to implement the national employment policy
- Development and promotion of the private sector by establishing an environment conducive to entrepreneurship
- Establishment of financing mechanisms for the national employment policy (creation of a national employment fund)
- Promotion of rural work including the provision of guidance for producers and the increasing of the amount of arable land and production units
- Strengthening of the institutional and legal framework governing the vocational training system
- Development of a closer partnership with various professional federations
- Renovation of existing training centres and the strengthening of their capacity
- Development of apprenticeship training to reduce the large numbers of young persons not attending school
- Introduction of skills training for young graduates looking for work

150. Such concerns were noted in the 2010–2015 Poverty Reduction Strategy Paper.

151. From a social perspective, the Paper represents the political will of the authorities of the Central African Republic to avail themselves of an appropriate labour law policy. The Paper took into account the need for socioeconomic integration and securing of employment by young persons in particular, by considering the following responses:

- Reducing the unemployment rate
- Increasing the income of employees

- Creating decent jobs for the benefit of the most disadvantaged populations and vulnerable groups
- Establishing a national fund to support the integration of young persons
- Organizing training sessions on entrepreneurship for young persons

152. The 2013–2016 Decent Work Country Programme, which was formulated with the participation of all relevant stakeholders, identified key priorities, namely:

- Increasing decent employment opportunities for young men and women by improving their employability and entrepreneurial skills as part of a strengthened social dialogue
- Strengthening and expanding the system of social protection

153. The 2012–2016 UNDAF took into account the post-conflict context and the fragility of the Central African Republic by considering aspects relating to peacebuilding and development.

154. Three priority areas of cooperation were identified, including:

- Peacebuilding and strengthening of good governance, security and the rule of law
- Promotion of sustainable and equitable development and regional integration
- Investment in human capital, including the fight against HIV/AIDS

155. The implementation of UNDAF is built on partnership, with the Government playing a leading role in ensuring that the priorities of the United Nations system and those of the Poverty Reduction Strategy Paper, which strongly focuses on employment, are aligned.

156. In this regard, the United Nations system provides the relevant support and advice, advocacy, capacity-building, development and sharing of knowledge and skills. One of the results of the intervention of the United Nations system was the creation of jobs under the sectoral programmes for the realization of the right to work in the Central African Republic.

157. The National Employment Policy adopted in November 2016 focuses on the following areas:

- Placing employment at the heart of macrosectoral policies
- Vocational training and employability
- Developing private businesses and specific programmes
- Social dialogue, labour market governance and development of an information system

158. The Central African Republic has not yet conducted specific employment surveys that allow for the provision of timely and reliable data on labour market trends. Data on the labour market comes at present from demographic sources, including household surveys and audits of civil servants' pay conducted by the Civil Service and Finance Departments and management and labour.

2. Sectoral measures

159. Despite the ratification of the ILO Labour Inspection Convention, 1947 (No. 81), low levels of human, financial and material resources have seriously undermined the Labour Inspectorate's performance.

160. In regard to social dialogue in the field of public service, a permanent forum for dialogue and negotiation presided over by the Ministry of the Civil Service has been established. It is a broad framework for resolving disputes involving civil servants and State officials.

161. There are some 20 workers' organizations, which constitutes a step forward in the area of right to work. Among the largest are the Union Syndicale des Travailleurs de

Centrafrique, the Confédération Syndicale des Travailleurs de Centrafrique and the Confédération Nationale des Travailleurs de Centrafrique.

162. The promulgation of the new Labour Code on 29 January 2009 has helped to highlight the new criteria for determining the level of trade union representation based on the results of workplace elections.

163. The National Labour Office and the National Interprofessional Organization for Vocational and Advanced Training were merged to form the Agency for Vocational Training and Employment of the Central African Republic, in a harmonized approach that re-established the link between employment and training.

164. Civil service recruitment is done in the following ways:

- According to qualifications acquired from schools and vocational training centres
- By competitive examination for holders of university diplomas taken after two years

165. In the private sector, the recruitment process is conducted either by submitting a vacancy notice to the Agency for Vocational Training and Employment or by placing a classified advertisement in local newspapers.

III.4 Right to protection of the family (art. 10)

166. The commitment of the Central African Republic to upholding the right to protection of the family is reflected in various strategies, measures and policies that protect the family in general and the individual in particular against arbitrary or unlawful interference with the right to privacy, family, home or correspondence or unlawful attacks on honour and reputation by providing for appropriate penalties in the Criminal Code.

A. International legal instruments on the right to protection of the family ratified by the Central African Republic

167. The Central African Republic has acceded to and ratified important international legal instruments protecting the family, including:

- Universal Declaration of Human Rights of 10 December 1948
- African Charter on Human and Peoples' Rights of 18 June 1981
- ILO Indigenous and Tribal Peoples Convention, 1989 (No. 169), ratified on 30 August 2010
- Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, ratified in 2012
- African Charter on the Rights and Welfare of the Child, ratified on 7 July 2016
- Convention on the Rights of the Child of November 1989
- Convention on the Elimination of All Forms of Discrimination against Women of 18 November 1979
- Pact on Security, Stability and Development in the Great Lakes Region of the International Conference on the Great Lakes Region, ratified on 6 June 2007
- African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa, ratified on 20 December 2010

B. Legislative measures

168. The various pieces of legislation below reflect the determination of the Central African Republic to guarantee the protection of the family throughout the country, including:

- The Constitution of 30 March 2016, particularly article 7, which states:

  "The family constitutes the natural and moral basis of the human community. Marriage is a union between a man and a woman regulated by law. The family and marriage shall be placed under the protection of the State.

  The State and other public authorities collectively have the duty to ensure the physical and mental health of the family and to encourage it socially through appropriate institutions.

  The State and other public authorities are under an obligation to protect women and children against exploitation and moral, intellectual and physical abandonment. This protection is guaranteed by appropriate measures and institutions of the State and other public authorities.

  Parents have the natural right and primary duty to raise and educate their children in order to develop in them good physical, intellectual and moral abilities. They are supported in this task by the State and other public authorities.

  Children born out of wedlock now have the same rights to public assistance as legitimate children.

  Legally recognized children born out of wedlock have the same rights as legitimate children.

  The State and other public authorities have a duty to establish the necessary conditions and public institutions that guarantee the education of children."

- Act No. 97.013 of 11 November 1997 on the Family Code of the Central African Republic is the framework law that contains extensive provisions on the family, particularly book II of the Act, as follows:
  - Articles 200 to 250 enshrine and deal with marriage and marriage conditions;
  - Articles 251 to 262 devote extensive provisions to the effects of marriage in respect of the rights and duties of married couples;
  - Articles 263 to 264 contain provisions relating to penalties for failure to respect and violations of the rights and duties of married couples;
  - Articles 265 to 352 deal with couples and their children in cases of divorce or the death of a spouse and the role that judges are called upon to play;
  - Articles 365 to 412 address the matrimonial regime under ordinary law, notably the joint ownership of property acquired during marriage;
  - Articles 457 to 565 contain the relevant provisions relating to filiation, including relationships by lawful or natural descent and full adoption;
  - Articles 566 to 603 concerning the protection of minors cover the issues of parental authority, the conditions for granting it and its consequences and the loss of such authority; the question of the legal administration of an unemancipated minor's property is also addressed;
  - Articles 671 to 681 provide for the protection of adults who lack legal capacity.
- Act No. 61.54 amending articles 6, 7 and 10 of Act No. 61.212 of 20 April 1961 on the Nationality Code and its subsequent amendments.
- Act No. 09.004 of 20 January 2009 on the Labour Code, as follows:
  - Equality in employment and remuneration are dealt with in articles 10 and 11.
  - Night work, particularly by young people under the age of 18 years, is covered in articles 250 and 251.
  - Women's work is treated in articles 252 to 258. Article 252 provides that "no woman may be made to remain in a job known to be beyond her physical

strength. If such is found to be the case, the woman must be offered other suitable work. If that is not possible, the contract must be cancelled by the employer and compensation paid in lieu of notice and, where appropriate, for dismissal (when the woman meets the relevant conditions) and any damages". Article 258 protects pregnant women in the following terms: "Any pregnant woman whose condition has been medically certified or who is visibly pregnant may leave her work without notice and without having to pay a fine for breach of contract. This privilege is granted for a period of 14 consecutive weeks, including six weeks before and eight weeks after delivery. Such absence from work may be extended by three additional weeks in the event of sickness that has been duly certified by a registered medical practitioner and is the result of pregnancy or childbirth. During this period, an employer may not terminate a woman's contract of employment."

- Under no circumstances is a woman permitted to work six weeks before and eight weeks after delivery.
- The worst forms of child labour are dealt with in articles 259 to 263, the employment of persons with disabilities in articles 264 to 272 and the regulation of weekly rest in articles 273 to 278.

- Act No. 10.001 of 6 January 2010 on the Criminal Code of the Central African Republic punishes violence against women and children.

169. Articles 102 to 111 address offences against children and articles 112 to 117, offences against women.

170. It is worth recalling that the Central African Republic has adopted and amended several other laws and regulations that contribute to the protection of the family in addition to the main measures it has taken, including:

- Act No. 63.406 establishing the nationality of children born to a Central African mother where the parents have not contracted a lawful civil marriage
- Act No. 06.032 of 15 December 2006 on the Protection of Women
- Act No. 06.005 of 20 June 2006 on Reproductive Health
- Act No. 00.007 of 20 December 2000 on the Status, Protection and Advancement of Persons with Disabilities
- Act No. 004 of 24 November 2016 establishing parity between men and women in public, partly public and private employment, including the informal and formal sectors
- Act No. 06.030 of 12 September 2006 establishing the rights and obligations of persons with HIV/AIDS
- Order No. 66.26 of 31 March 1966 on the advancement of girls
- Order No. 66.032 of 22 December 1966 prohibiting excision throughout the Central African Republic
- Decree No. 15.007 establishing a rapid response and suppression of violence against women and children unit
- Decree No. 16. 382 of 11 November 2016 on the organization and functioning of the Ministry of Social Affairs and National Reconciliation
- Implementing Decree No. 02.205 of 6 August 2002 on the promotion and protection of persons with disabilities

C. Institutional measures

171. A number of institutions have been established as part of the implementation of the right to protection of the family, including the following:

1. State institutions

172. The Ministry of Social Affairs and National Reconciliation provides for such protection through the Directorate-General for Gender Promotion with offices that deal with issues relating to women, children and vulnerable groups.

2. Non-State institutions

173. The non-State institutional framework comprises bodies and institutions, including:

- Association of Women Jurists of the Central African Republic, which works to protect human rights
- The network of non-governmental human rights organizations
- Inter-NGO Council of the Central African Republic, which deals with economic issues with a focus on income-generating activities
- Community-based organizations
- Churches
- Organization of Women in the Central African Republic, a national platform for the advancement of women
- International Committee of African Women for Development
- Inter-African Committee on Traditional Practices Affecting the Health of Women and Children

D. General and sectoral policy measures

1. General measures

174. To date, the Central African Republic does not have a specific national policy on the protection of the family.

175. Act No. 97.013 of 11 November 1997 on the Family Code, together with the Criminal Code, as amended in 2010, form the general basis of family protection.

176. Under the national policy to combat impunity, the Government has taken steps to guarantee that perpetrators of sexual violence in times of conflict are brought to justice.

177. In partnership with UNDP, a joint rapid response unit was established to combat sexual violence in armed conflict.

178. Articles 82 and 96 to 98 of Decree No. 16.0087 of 18 February 2016 on the organization, operation and internal regulations of prisons in the Central African Republic clearly establish the principle of separation of children from adults in detention facilities. However, of the country's 38 prisons, 32 were destroyed during the events. As a result, there are currently no juvenile wings in the prison system.

2. Sectoral measures

179. Protection of the family is managed through sectoral measures tailored to each category of vulnerable persons, including the following.

(a) Women

180. The Government has adopted measures to protect the rights of women, and significant progress has been achieved in this area.

181. The Central African Republic has taken part in several regional and international conferences whose outcomes served as the framework for a national policy that is especially focused on protecting women. The policy was developed by the Government in 1999 and was followed by an action plan on the advancement of women for the period 2002–2006, which was endorsed in June 2002.

182. Efforts have been directed towards the following priority areas: equal rights, health and reproduction, the fight against violence against women and girls, including genital mutilation and domestic violence, and HIV/AIDS.

183. Political determination in these areas can be seen in:

- The development of a national policy on the advancement of women in 1988
- The development of an action plan to implement the Beijing Declaration, including a component on the emancipation of women, in 2000
- The representation of women in all decision-making bodies
- The establishment, in 2001, of the national committee to combat traditional practices that are harmful to the health of women and girls and violence against them
- The development of a plan to combat harmful practices and violence against women and girls in 2001
- The establishment, in 2007, of a committee responsible for monitoring the implementation of the Convention on the Elimination of All Forms of Discrimination against Women

184. With the aim of better integrating gender perspectives into policy, the Government adopted a new national policy on the promotion of equality and equity between men and women in November 2005 along with a national action plan for the period 2007–2011 in which violence against women is a priority focus.

185. This led to the development, with the support of WHO, of an action plan against harmful practices, gender-based violence and sexual violence, including genital mutilation, for the 2007–2011 period.

186. The consideration of women's protection by the Government also resulted in the following:

- Establishment of a sectoral committee on gender equality and poverty reduction on 14 May 2008
- Establishment of a national consultative body on the advancement of women of the Central African Republic
- Implementation of Security Council resolution 1325 (2000) on women and peace and security
- Preparation of the initial report on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women covering the period 1991–2009

187. The remarkable contribution of civil society organizations to the protection of women's rights in the Central African Republic through awareness-raising, education and reporting of cases of violence against women should also be noted.

188. Regarding health care for women and adolescent girls, a plan to accelerate the reduction of neonatal mortality over the 2004–2015 period was developed.

189. Campaigns were held from 7 to 17 December 2016 to raise awareness among local authorities and community and religious leaders in the cities of Boali, Bossembele and Yaloké. They were devoted to gender, the fight against impunity and respect for human rights.

190. The organization of commemorative events is another example of the Government's commitment to protect and promote the rights of women throughout the country. These events include:

- International Women's Day on 8 March
- International Day of Rural Women on 15 October
- International Widows' Day on 23 June

- International Day of Zero Tolerance for Female Genital Mutilation on 6 February
- International Day of the Midwife on 5 May

191. Women's right to participate in political and public affairs is being implemented progressively.

(b) Children

192. Children are a special focus, as demonstrated by the various measures taken by the Government.

193. In terms of legal measures, the following instruments to promote and protect children's rights should be welcomed:

- Constitution of March 2015, which pays particular attention to the rights of the child
- Labour Code, as amended, which provides for various measures to protect children from abuse that could jeopardize their normal growth and from the worst forms of child labour
- Criminal Code and Code of Criminal Procedure, which contain wide-ranging provisions to protect children

194. The following Ministries are responsible for the implementation of children's rights:

- National Education
- Family and Social Affairs
- Health and Population
- Youth, Sport and Culture

195. The following significant measures should also be noted:

- Establishment of a juvenile court in 2002
- Adoption of an interministerial order regulating cinemas with a view to protecting minors
- Adoption of the Health Code
- Reconvening of the Children's Parliament for a third session
- Dissemination of the Convention on the Rights of the Child through various seminars and workshops
- Institutionalization of International Children's Day
- Establishment of a national monitoring committee on the Convention on the Rights of the Child in April 1993
- Endorsement of the national policy on the protection of children in 2009, which sets forth the main policy objectives and society's vision for children
- Highlighting of gender gaps with a view to strengthening strategies to achieve greater equality between girls and boys
- Offering of access to microcredit for young people as a genuine option for achieving economic empowerment
- Mass recruitment of young people to the civil service
- Establishment of a national young pioneers association to enable this group to learn different professions and become self-reliant
- Fight to eradicate youth poverty through Poverty Reduction Strategy Papers I and 2
- Establishment of the National Child Protection Council pursuant to Order No. 004 of 11 April 2011
- Adoption of the national youth policy

- Promulgation of Act No. 06.002 of 10 May 2006 on the Cultural Charter of the Central African Republic
- Establishment of a children's unit under the Directorate of the Criminal Investigation Service
- Annual celebration of the International Day of the African Child on 16 June
- Reintegration of children involved in conflicts with the support of UNICEF

(c) Persons with disabilities

196. Persons with disabilities are grouped under the National Organization of Associations of Persons with Disabilities, a platform overseen by the Ministry of Social Affairs. The purpose of the grouping is to defend the interests of members by rolling out various actions and popular initiatives and, especially, to support the Government in implementing national and international policies designed to improve the living conditions of persons with disabilities.

197. The country has experienced a series of unprecedented crises that have not spared any segment of the population, including persons with disabilities, who constitute a vulnerable group. The situation has had an adverse effect on all the government programmes and policies on the rights of persons with disabilities.

198. Nevertheless, a few initiatives and actions led by the Government, such as those under the Continental Plan of Action for the African Decade of Persons with Disabilities (2010–2019), are worth noting. Despite the limited services available for persons with disabilities, actions are nonetheless carried out to achieve their full empowerment in keeping with the Continental Plan. Under the Plan, some have advocated for the amendment of Act No. 13.003 of 13 November 2013 on the Electoral Code, which did not take into account the specific needs of persons with disabilities in the electoral process.

199. National Persons with Disabilities Day has been marked every 20 December since 2000.

200. Under the strategic framework for poverty reduction, there are plans to establish a poverty reduction watchdog with the aim of facilitating the collection of necessary data on persons with disabilities, which are essential for drawing up appropriate policies and strategies and for monitoring and evaluating actions in this regard.

201. Services for persons with disabilities are provided in the following various policy areas.

Social

202. There are a few medical treatment and rehabilitation centres, which are run by:

- Central hospitals of the country, including in Bangui (medical rehabilitation services)
- Associations (Association Nationale de Rééducation et d'Appareillage de Centrafrique) (National Rehabilitation and Mobility Aids Association)
- Religious establishments run by dioceses (Rehabilitation Centre for Persons with Motor Disabilities)

Education

203. Students with disabilities attend primary and secondary schools and universities without discrimination. Unfortunately, there is only one public education and vocational training centre for students with sensory disabilities (persons who are deaf or blind). The centre provides general education combined with vocational training but, for the moment, graduates of the centre cannot pursue their studies at level 2 (lower secondary education) owing to a lack of specialized teachers.

204. The Central African Republic does not currently have a specialized centre for children with mental disabilities. The few centres for persons with motor disabilities that exist in certain towns and in Bangui are run by charitable organizations.

205. Regarding vocational training, there is a regrettable lack of establishments that can provide technical and vocational training to students with disabilities.

Health

206. In accordance with the implementing decree of Act No. 00.007 of 20 December 2000 on special assistance and benefits for persons with disabilities, medical assistance for persons with disabilities recognized as indigent and holding a disability card includes total or partial coverage for consultations, examinations and medical care, hospitalization, rehabilitation and medical evacuations in accordance with current regulations.

Sports

207. There is a Paralympic Committee responsible for developing and promoting sports activities for persons with disabilities.

Work and employment

208. Persons with disabilities who have completed formal education or vocational training enjoy the same recruitment and remuneration conditions as others with regard to public and private jobs when then position is compatible with their physical, mental and sensory disabilities.

209. In each civil service recruitment drive, 10 per cent of places are reserved for persons with disabilities with the requisite qualifications (from 2003 to 2015, 172 persons with disabilities were recruited for jobs in the public and private sectors, including 12 women).

210. With the adoption of a framework document on a national employment and vocational training policy and of the national emergency programme for the creation of decent, immediate and long-term jobs as a means of building peace and resilience in the Central African Republic, particular focus has been placed on creating 400,000 jobs for young people, women and persons with disabilities financed by a US$ 445 million fund to be raised by the Government.

(d) Older persons

211. Older persons have been acknowledged as being a vulnerable group. They have come together in associations grouped under the Federation of Older Persons.

212. With the support of the Ministry of Social Affairs, the Family and National Solidarity, older persons mark an annual Day of Older Persons.

213. Act No. 09.012 of 10 August 2009 on the protection and advancement of older persons and the adoption of the national action plan on the advancement and protection of older persons in November 2007 demonstrate the Government's commitment in this domain.

(e) Internally displaced persons and refugees

214. In response to the internal and external displacement resulting from the events since 2003, the Government, through the Office of the United Nations High Commissioner for Human Rights, set up a standing national consultative and coordination committee for the protection of internally displaced persons pursuant to Order No. 119/PR/HCDHBG/CM of 24 June 2009.

215. The Central African Republic has endorsed the United Nations Guiding Principles on Internal Displacement and has ratified the following two instruments governing the rights of internally displaced persons:

- Pact on Security, Stability and Development in the Great Lakes Region in 2007

- African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa on 20 December 2010

216. These commitments are reflected in the adoption of a law on the status of refugees in the Central African Republic in December 2007.

217. Regarding internally displaced persons, the transitional government summarized the situation in the Emergency and Recovery Programme for the period 2014–2017 as follows: "Many people, in rural areas and even urban centres, have been forced to leave their homes to take refuge elsewhere, often in harsh conditions (forests, fields etc.) where they were exposed to considerable risks. According to the Office for the Coordination of Humanitarian Affairs (OCHA) report of March 2014, 625,000 internally displaced persons were recorded, including 200,000 spread out among 42 sites in Bangui. As to externally displaced persons, since November 2013, 64,717 people have fled the country to take refuge in neighbouring countries because of the security situation, including 42,000 in the Democratic Republic of the Congo, 20,000 in Chad and some 1,000 each in Cameroon and the Republic of the Congo.

218. More than half the population of the country now requires assistance, with 1.9 million vulnerable people targeted under the revised 2014 strategic response plan.

219. The electoral process that brought about the return to constitutional order with the participation of internally displaced persons and refugees who had the opportunity to vote constitutes remarkable progress towards finding a solution to this situation.

220. The new President has made the plight of internally displaced persons and refugees a major concern and a priority for his term in office with regard to their return, integration and involvement in the country's reconstruction and recovery process.

221. In this connection, actions have been carried out to facilitate the return of internally displaced persons.

222. Unfortunately, with the resumption of hostilities between the rebel groups in the areas under their control, the situation of refugees has worsened.

223. The ongoing lack of security in the country makes it impossible to obtain reliable data on the exact, ever-increasing number of internally displaced persons.

IV. Challenges and constraints encountered in implementing the Covenant

A. Challenges in implementing the Covenant in the Central African Republic

1. Challenges in implementing the right to health

224. The analysis of the health situation as described above underscores the main challenges encountered in various areas.

- Challenges related to the health of the population:
    - Lower life expectancy
    - High maternal and neonatal mortality
    - High infant and child mortality
    - High prevalence of communicable diseases (e.g. HIV/AIDS, malaria and tuberculosis)
    - High prevalence of diseases threatening child survival (acute kidney failure, diarrhoeal diseases, diseases targeted by the Expanded Programme on Immunization, malnutrition and nutritional deficiencies)

- Persistence and emergence of some endemic diseases, such as trypanosomiasis, onchocerciasis, leprosy and other parasitic diseases
- Threat of epidemics and disasters owing to the presence of potentially epidemic diseases, unpredictable weather and human-made situations
- Emergence of non-communicable diseases, such as cardiovascular disease, hypertension, diabetes, drepanocytosis, mental illness and cancer

- Challenges related to the performance of the health-care system, the institutional framework and the management of the health sector:
  - Inadequate institutional framework
  - Low use of services (poor reception, slowness of emergency care, extortion of patients)
  - Inadequate quality control of the supply of traditional medicine
  - Inadequate coordination of interventions by partners
  - Inadequate mobilization of additional resources
  - Inadequate management of the health-care system at the district level, including poor performance of district management teams, geographical areas of health districts space too widely apart and ineffective primary health care entities
  - Poor performance of the national health information system
- Challenges related to infrastructure, equipment and vehicles:
  - Dilapidated health-care infrastructure and equipment
  - Destruction and looting of infrastructure, health-care equipment and vehicles
  - Lack of a development plan for health-care equipment
  - Inadequate maintenance of biomedical equipment
- Challenges related to medicines and vaccines:
  - Inadequate enforcement of laws governing the pharmaceutical subsector
  - Inadequate drug procurement and distribution system
  - Lack of a system of quality control of medicines
  - Failure to follow charts, resulting in the inappropriate prescription of medicines
  - Illicit sale of pharmaceutical products
- Challenges related to human resources:
  - Considerable regional disparities in the deployment of health-care professionals
  - Concentration of female health-care professionals in the capital, Bangui
  - Very low numbers of female health-care professionals
  - Shortage of specialized doctors, pharmacists and dentists
  - Lack of in-service training
  - Lack of incentives for staff
  - Lack of information on health-care professionals in the private sector
  - Lack of career development plans
- Challenges related to the financing of health care:
  - Low rate of disbursement of State funds owing to budget shortfalls

- Lack of a food budget for patients in the provinces
- Failure of resources to meet needs
- Strong reliance on external funding
- Difficulty in identifying private and community sources of funding
- Mishandling of funds and embezzlement by the Management Committees
- Lack of alternative health-care funding mechanisms

- Challenges related to the situation in the county:
  - The population's weak purchasing power
  - High illiteracy
  - Low coverage of safe drinking water and basic sanitation
  - Unhealthy lifestyles and behaviours (tobacco, drugs and alcohol)
  - Importance of sociocultural factors, such as harmful practices against women and girls, physical violence and sexual violence
  - Inadequate consideration of gender issues in health strategies
- Major challenges for the health-care system:
  - Lack of leadership on the part of the Ministry of Health in negotiating and coordinating strategies between industries and consulting with technical and financial partners and NGOs at the central and decentralized levels
  - Transition from emergency interventions to development interventions
  - Insufficient capacity of the Ministry to exercise its regulatory functions
  - Lack of qualified health-care workers
  - Reorganization of health districts at the local level as the basis for the implementation of the policy on primary health care
  - Critical security situation
  - Sectoral funding policy's extreme dependence on international partners
  - Inadequacy of the general health information system and of the epidemiological warning system
  - Significant problems with the supply of medicines, including several parallel systems in place owing to a lack of trust of technical and financial partners and NGOs in the Unité de Cession de Médicaments (UCM) (Medicine Supply Unit) and absence of independent management, the lack of warehouses operating at the local level and the impossibility of central quality control of medicines as things stand
  - Much infrastructure partially or completely non-functional according to the Health Resource Availability Mapping System, a considerable need for the rehabilitation of facilities and equipment following the looting and destruction, logistical support (vehicles, communication, equipment) that is grossly inadequate and solutions difficult to come by because of security issues
  - Poor governance in terms of health and humanitarian emergencies at the national level
  - Significant population movements throughout the country (cross-border, supervised or hidden internal displacement)

- Other weaknesses:
    - Shortcomings in the coordination of interventions and the Ministry's outreach, monitoring and assessment capacities in response to health emergencies
    - Shortfalls in the effectiveness of prefectures as the entities responsible for implementing the various programmes
    - Current payment method that precludes some from obtaining care (indigent persons)
    - Staff shortages
    - Impunity for financial misconduct on the part of medical units
    - Lack of leadership in primary health care

2. Challenges in implementing the right to education

225. Given the ongoing security crisis in the country, the education system continues to struggle to bring schools closer to communities.

226. There are different types of difficulties in this regard:

- A number of schools still closed because they are occupied by armed groups
- Migration of children to camps for internally displaced persons
- Failure of teachers to return to their posts over security concerns
- The large number of parents standing in for qualified teachers and the lack of qualified teachers

227. In addition, the failure to respect the principle of free primary education in all areas of the country constitutes a major disadvantage.

3. Challenges in implementing the right to work

228. The implementation of the labour policy is marked by the scarcity of human, financial and material resources.

229. In addition to recurring crises, the lack of jobs is also due to other factors: the destruction of businesses and public and private property are causing ever increasing unemployment.

230. Even though, by law, women have access to public and private employment on equal terms as men, their low education level and skills do not give them equal access to the labour market and some jobs.

4. Challenges in implementing the right to protection of the family

- Insufficient resources
- Non-enforcement of laws enacted by the Government
- Institutional instability
- Delay in the adoption of implementing laws
- Lack of awareness of current laws
- Insufficient resources of NGOs
- Lack of a specific national policy on the family
- Lack of health-care services for children with disabilities which take into account the specificities of their disabilities, including early detection and intervention services designed to reduce the number of or prevent new disabilities
- Impossibility for students with sensory disabilities (deaf and blind persons) to pursue their education at the lower secondary level

- Lack of in-depth studies on disabilities, reliable statistics and data, and relevant documentation to provide a better understanding, including among decision-makers, of the situation of persons with disabilities with a view to adopting appropriate measures
- Lack of material and financial resources
- Lack of awareness-raising initiatives to educate the public about the right to protection of the family
- The interministerial order establishing preferential rates for persons with disabilities has yet to be adopted and persons with disabilities are subject to the same cost recovery arrangements as all other citizens
- Relevant laws are not effectively enforced, and access to the various hospitals and medical centres, whether in Bangui or the provinces, is often quite difficult for persons with disabilities

B. Constraints encountered by the Central African Republic in implementing economic, social and cultural rights

231. The implementation of economic rights is hindered in various ways.

1. Political constraints

- Poor governance
- Impunity
- Absence of State authority
- Presence of armed groups in the country
- Over three decades of political instability and its impact on political life, proliferation of small arms
- Presence of foreign rebel groups
- Occupation of two thirds of the country by irregular armed forces

2. Economic constraints

- The fact of being landlocked
- Failure to exploit the country's natural resources
- The State budget's near complete reliance on tax revenue
- Embezzlement and misuse of assets and services allocated to the realization of the population's economic, social and cultural rights
- Strong dependence on external funding
- Size of foreign debt
- Destruction of the economic system caused by recurring military and political crises and conflicts
- Global recession, the financial and food crises and the soaring price of oil products which have had immediate consequences on the country's economy

3. Social constraints

- High illiteracy
- Salary arrears inherited from previous regimes
- Stagnation of public servant and State agent salaries
- Population's weak purchasing power

- Failure to provide compensation to the victims of the various events
- Reduction of salaries and some benefits owed to public servants
- Poverty

4. Cultural constraints

- Absence of a specialized institution to raise awareness of human rights, peace and civic-mindedness
- Absence of a culture based on human values and the failure to incorporate such a culture in development policies
- Inter-ethnic, intercommunal and interreligious divisions
- A widespread culture of violence and a tendency towards mob justice
- Absence of education and culture oriented towards development
- Systematic destruction and looting of government offices and businesses

V. Contribution of partners to the implementation of economic, social and cultural rights through international cooperation

232. As part of international cooperation in the area of human rights in general and economic, social and cultural rights in particular, the contribution of multilateral and bilateral partners is significant and comes in a variety of assistance and support, including capacity-building at the institutional level.

A. Right to health

233. Assistance is provided by partners including:

- WHO, in the form of technical assistance and support
- UNICEF, technical support, assistance to and advocacy for children in times of peace and crisis
- UNFPA, technical support and assistance in the area of maternal and infant mortality
- Health Cluster, coordination of humanitarian agencies in cases of emergency and conflict

B. Right to education

234. Notable partners include:

- UNICEF, in particular through its community reintegration programme to help children involved in the conflicts return to school
- UNESCO, through technical support and assistance, especially through reports on educational data in the Central African Republic
- World Bank, through technical and financial support
- WHO, through its programme on regular health checks for school-age children

C. Right to work

235. Within the framework of cooperation between the Central African Republic and ILO, the following various forms of support relating to the four strategic objectives of the Decent Work Agenda were provided to the tripartite constituents:

- Capacity-building among constituents for better implementation of international labour standards
- Support for implementation of the ILO Declaration on Fundamental Principles and Rights at Work
- Support for implementation of the ILO Indigenous and Tribal Peoples Convention, 1989 (No. 169)
- Incorporation of an employment dimension into the Poverty Reduction Strategy Paper 2
- Organizational support for the National Forum on Decent Work in December 2011
- Training in collective bargaining techniques and how to formalize, structure and institutionalize social dialogue
- Technical assistance to formulate the national social protection policy in 2012 and support for the restructuring of the National Social Security Board

D. Right to protection of the family

236. The Central African Republic receives support and assistance in a variety of forms from almost all of the international partners in order to implement the right to protection of the family through capacity-building and advocacy for women, children, persons with disabilities, minorities and indigenous peoples.

Conclusion

237. Notwithstanding the delay in presenting its initial report and the multifaceted and recurrent crises that the country has faced for several years, the Central African Republic has made significant efforts to implement the Covenant.

238. Furthermore, the establishment of a ministry responsible for human rights translates the Government's genuine commitment to adopt a general national policy on human rights.

239. In the light of the interdependence and universality of human rights, the Government seeks to press home the comparative advantages that diversity offers, based on the complementarity that exists between the players concerned, to maximize the impact of the national human rights policy currently being developed.